

**STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN**

1

## QUARTERLY FINANCIAL REPORTING FORM

Submitted on 2/13/2004 11:52:27 AM

		1
1.	FOR THE QUARTER ENDING:	December 31, 2003
2.	Name:	<b>California Dental Network, Inc.</b>
3.	File Number:(Enter last three digits) 933-0	<b>286</b>
4.	Date Incorporated or Organized:	May 5, 1987
5.	Date Licensed as a HCSP:	May 12, 1988
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	May 12, 1988
8.	Mailing Address:	1971 E. 4th Street, Suite 184, Santa Ana, CA 92705
9.	Address of Main Administrative Office:	Same
10.	Telephone Number:	(714)479-0777
11.	HCSP's ID Number:	93-0954061
12.	Principal Location of Books and Records:	Same
13.	Plan Contact Person and Phone Number:	Stephen R. Casey (714)479-0777
14.	Financial Reporting Contact Person and Phone Number:	Same
15.	President:*	Stephen R. Casey
16.	Secretary:*	Suzan Lindsey
17.	Chief Financial Officer:*	Stephen R. Casey
18.	Other Officers:*	Vice President, CIO: James P. Lindsey
19.		Acting marketing Director: James R. Lindsey
20.		Dental Director: Elizabeth Henderson, DDS
21.		
22.	Directors:*	James R. Lindsey
23.		Stephen R. Casey
24.		James P. Lindsey
25.		Suzan Lindsey
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	Stephen R. Casey (signature required (please type for valid signature))
33. Secretary	Suzan Lindsey (signature required (please type for valid signature))
34. Chief Financial Officer	Stephen R. Casey (signature required (please type for valid signature))
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. Check if this is a revised filing, and complete question 7 on page 2: <input type="checkbox"/>	
36. If all dollar amounts are reported in thousands (000), check here: <input type="checkbox"/>	

Check My Work.

**STATE OF CALIFORNIA**  
**DEPARTMENT OF MANAGED HEALTH CARE**  
**HEALTH CARE SERVICE PLAN**  
  
**QUARTERLY FINANCIAL REPORTING FORM**  
  
**SUPPLEMENTAL INFORMATION**

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="▼"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No <input type="button" value="▼"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="▼"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	No <input type="button" value="▼"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="▼"/>
6.	If "yes", describe:	
7.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

## REPORT #1 ---- PART A: ASSETS

1	2
<b>CURRENT ASSETS:</b>	Current Period
1. Cash and Cash Equivalents	127,668
2. Short-Term Investments	978
3. Premiums Receivable - Net	87,507
4. Interest Receivable	360
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	203,661
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	7,109
11. TOTAL CURRENT ASSETS (Items 1 to 10)	427,283
<b>OTHER ASSETS:</b>	
12. Restricted Assets	50,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	145,312
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	93,688
18. TOTAL OTHER ASSETS (Items 12 to 17)	289,000
<b>PROPERTY AND EQUIPMENT</b>	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	13,673
21. Computer Equipment - Net	16,915
22. Leasehold Improvements -Net	199
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	30,787
27. TOTAL ASSETS	747,070
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS</b>	
1001. Supplies Inventory	6,709
1002.	
1003. Other Receivables - Net	400
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	7,109
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS</b>	
1701. Accounts Receivable - FADP	93,688
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	93,688
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT</b>	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

## REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
<b>CURRENT LIABILITIES:</b>	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	37,527	XXX	37,527
2. Capitation Payable	19,725	XXX	19,725
3. Claims Payable (Reported)	8,871		8,871
4. Incurred But Not Reported Claims	5,283		5,283
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	420,861	XXX	420,861
9. Loans and Notes Payable	2,285	XXX	2,285
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	34,765	0	34,765
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	529,317	0	529,317
<b>OTHER LIABILITIES:</b>			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)	307,000	XXX	307,000
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	4,774	XXX	4,774
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	311,774	XXX	311,774
19. TOTAL LIABILITIES	841,091	0	841,091
<b>NET WORTH</b>			
20. Common Stock	XXX	XXX	8,500
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	606,500
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-709,021
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	-94,021
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	747,070
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES</b>			
1101. Accrued Payroll & Payroll Taxes	18,702		18,702
1102. Accrued Capitation			0
1103. Accrued Commissions	5,917		5,917
1104. Other Accrued Liabilities	10,146		10,146
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	34,765	0	34,765
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES</b>			
1701. Deferred Rent	4,774	XXX	4,774
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	4,774	XXX	4,774
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS</b>			
2501.	XXX	XXX	
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	0

## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
<b>REVENUES:</b>		
1. Premiums (Commercial)	689,947	2,614,017
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	1,791	8,032
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	22,861	100,920
11. TOTAL REVENUE (Items 1 to 10)	714,599	2,722,969
<b>EXPENSES:</b>		
<b>Medical and Hospital</b>		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	295,748	1,110,688
16. Primary Professional Services - Non-Capitated	2,142	16,374
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	26,902	116,530
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	140	825
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	324,932	1,244,417
<b>Administration</b>		
25. Compensation	154,303	590,891
26. Interest Expense	4,062	16,336
27. Occupancy, Depreciation and Amortization	14,286	55,942
28. Management Fees		
29. Marketing	130,200	497,492
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	91,275	338,231
32. TOTAL ADMINISTRATION (Items 25 to 31)	394,126	1,498,892
33. TOTAL EXPENSES	719,058	2,743,309
34. INCOME (LOSS)	-4,459	-20,340
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)	-4,459	-20,340
<b>NET WORTH:</b>		
38. Net Worth Beginning of Period	-89,562	-89,562
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	-4,459	-20,340
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	-94,021	-109,902

## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

**REPORT #2: REVENUE, EXPENSES AND NET WORTH**

1	2	3
	Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES</b>		
1001. Other Revenues	22,861	100,920
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	22,861	100,920
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES</b>		
2301. Other	140	825
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	140	825
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES</b>		
3101. Bank Charges	3,889	14,837
3102. Insurance	27,890	98,413
3103. Postage	1,641	5,386
3104. Telephone	4,217	15,461
3105. Office Expense	7,763	22,539
3106. Other	45,875	181,595
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	91,275	338,231
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS</b>		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS</b>		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

**REPORT #3: STATEMENT OF CASH FLOWS**

1	2	3
	Current Period	Year-to-Date
<b>CASH FLOW PROVIDED BY OPERATING ACTIVITIES</b>		
1. Group/Individual Premiums/Capitation	666,987	2,587,349
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	29,403	115,584
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-324,792	-1,243,592
8. Administration Expenses	-360,237	-1,402,927
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	11,361	56,414
<b>CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>		
12. Proceeds from Restricted Cash and Other Assets	-1	9,959
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment	-12,620	-20,864
15. Payments for Restricted Cash and Other Assets	0	0
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-12,621	-10,905
<b>CASH FLOW PROVIDED BY FINANCING ACTIVITIES:</b>		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates	-11,190	-616
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates	0	0
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-11,190	-616
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-12,450	44,893
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	140,118	81,979
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	127,668	126,872
<b>RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:</b>		
30. Net Income	-4,459	-20,340
<b>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</b>		
31. Depreciation and Amortization	3,271	11,416
32. Decrease (Increase) in Receivables	-3,229	-15,605
33. Decrease (Increase) in Prepaid Expenses	9,068	21,353
34. Decrease (Increase) in Affiliate Receivables	-14,979	-4,431
35. Increase (Decrease) in Accounts Payable		
36. Increase (Decrease) in Claims Payable and Shared Risk Pool		
37. Increase (Decrease) in Unearned Premium		
38. Aggregate Write-Ins for Adjustments to Net Income	21,690	64,021
39. TOTAL ADJUSTMENTS (Items 31 through 38)	15,821	76,754
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	11,362	56,414
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES</b>		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME</b>		
3801. Inventory	2,800	-2,013
3802. Prepaid Expenses	26,517	31,787
3803. Other Accrued Liabilities	-7,627	34,247
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	21,690	64,021

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**REPORT #4: ENROLLMENT AND UTILIZATION TABLE****TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	10,061	782	370	10,473	30,917			0		0	
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual	20,632	1,644	1,228	21,048	61,214			0		0	
5. Point of Service				0				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	30,693	2,426	1,598	31,521	92,131	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699, 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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**SCHEDULE A-1 (CASH)**

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		0
10. Cash on Hand (Petty Cash)		
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		0

**SCHEDULE A-2 RESTRICTED ASSETS**

1	2	3
Name of Depository (List all accounts even if closed during period)	Account Number	Balance*
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19. Total Restricted Assets		0

\* Indicate the Balance Per the HMO's Records

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## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

**SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)**

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable. Group the total of all other premiums receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

**SCHEDULE D**  
**HEALTH CARE RECEIVABLES &**  
**AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES**

Individually list all debtors with account balances greater than 10% of gross Receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

## SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed - Due." Report accounts payable from the initial date of billing or due date under contract.

1	2	3	4	5	6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23. Aggregate Accounts Not Individually Listed - Due						0
24. Total	0	0	0	0	0	0

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**SCHEDULE G - UNPAID CLAIMS ANALYSIS**  
**SECTION I - CLAIMS UNPAID**

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			0
2. Physician Claims			0
3. Referral Claims			0
4. Other Medical	8,871		8,871
5. TOTAL	8,871	0	8,871

**SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)**

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims					0	
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

**SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED\***

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11.						
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0

\* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

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**STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.**

**SCHEDULE H - AGING OF ALL CLAIMS**

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
1.						
2.	N/A					0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0

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**STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.**

**SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID**

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag)
1. Current Quarter		XXX	0	
2. Previous Quarter			0	
3. Previous 2 Quarters			0	
4. Previous 3 Quarters			0	
5. Previous 4 Quarters			0	
6. Previous 5 Quarters			0	
7. Previous 6 Quarters			0	
8. Previous 7 Quarters			0	

\* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

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NOTES TO FINANCIAL STATEMENTS	
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## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

**KNOX-KEENE**  
**SUPPLEMENTAL INFORMATION**  
**PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68**

	1	2	3	4	5
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.					
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	Name of Debtor	Nature of Relationship	Nature of Receivable	Amount	Terms
2.					
3.					
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	Donor's Name	Affiliation with Reporting Entity	Valuation Method	Amount	
7.					
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	Creditor's Name	Affiliation with Reporting Entity	Summary of How Obligation Arose	Amount	
12.					
13.					
14.					
15.					
E.	Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:				
16.	Net Equity		\$	-94,021	
17.	Add: Subordinated Debt		\$	307,000	
18.	Less: Receivables from officers, directors, and affiliates		\$		
19.	Intangibles		\$	145,312	
20.	Tangible Net Equity (TNE)		\$	67,667	
21.	Required Tangible Net Equity (See Page 22)		\$	55,196	
22.	TNE Excess (Deficiency)		\$	12,471	
F.	Percentage of administrative costs to revenue obtained from subscribers and enrollees:				
23.	Revenue from subscribers and enrollees		\$		
24.	Administrative Costs		\$		
25.	Percentage			0	
26.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report <u>which were or will be paid</u> to noncontracting providers or directly reimbursed to subscribers and enrollees:		\$		
27.	Total costs for health care services for the immediately preceding six months:		\$		
28.	Percentage			0	

		1
<p>G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:</p>		
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	0
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	0
37. Deposit required (100% of Line 36)	\$	0
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	0
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	
40. Total premium revenue earned	\$	
41. Percentage		0
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	
43. Total health care expenditures	\$	
44. Percentage		0
45. Point-of-Service Enrollment at end of period		
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		
51. Average Length of Stay for Point of Service enrollees		
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	

**STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.**

**REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:**

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

		Full Service Plans		Specialized Plans	
		1		2	
<b>A.</b>	Minimum TNE Requirement	\$ 1,000,000		Minimum TNE Requirement	\$ 50,000
<b>B.</b>	REVENUES:				
1.	2% of the first \$150 million of annualized premium revenues	\$		2% of the first \$7.5 million of annualized premium revenue	\$ 55,196
	Plus			Plus	
2.	1% of annualized premium revenues in excess of \$150 million	\$		1% of annualized premium revenue in excess of \$7.5 million	\$
3.	Total	\$ 0		Total	\$ 55,196
<b>C.</b>	HEALTHCARE EXPENDITURES:				
4.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$		8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 8,140
	Plus			Plus	
5.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$		4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 1,146
	Plus			Plus	
6.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$		4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 343
7.	Total	\$ 0		Total	\$ 9,629
8.	Required "TNE" - Greater of "A" "B" or "C"	\$		Required "TNE" - Greater of "A" "B" or "C"	\$ 55,196

**KNOX -KEENE  
SUPPLEMENTAL INFORMATION  
PURSUANT TO SECTIONS 1374.64**

**POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION**

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1	
1. Net Equity	\$	-94,021
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	-94,021
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	
7. TNE Excess (Deficiency)	\$	-94,021
<b>ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION (Complete Section I or II):</b>		
<b>I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</b>		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
<b>II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</b>		
<b><u>PART A</u></b>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0
<b>III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING</b>		
14. Line 5 (above)	\$	-94,021
15. Multiply Line 6 (above) by 130%	\$	0
16. Difference (Line 14 - Line 15)	\$	-94,021
<b>If Line 14 is less than Line 15, then monthly reporting is required</b>		

## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

## WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>



## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

	Current Mo	Prior Mo					
	Y.T.D.	Y.T.D.	Change	12/31/2002	Change		
10100 Petty Cash	12,598.00	12,993.00	505.00	19,561.00	(6,963.00)	10100	
10200 Checking - 1st Business	120,193.00	133,186.00	(12,993.00)	1,048.00	119,145.00	10200	
10210 Checking - Unused	0.00	0.00	-	0.00	-	10210	
10220 Checking - First Security Bank	0.00	0.00	-	0.00	-	10220	
10230 Checking Wells Fargo	-5,121.00	-5,161.00	40.00	61,370.00	(66,491.00)	10230	
10300 Money Market Account	976.00	975.00	1.00	10,935.00	(9,959.00)	10300	
11100 Premium Receivable	91,067.00	83,087.00	7,980.00	68,830.00	22,237.00	11100	
11110 Allowance for Premium Rec	-3,560.00	-3,560.00	-	-3,560.00	-	11110	
11111 Allowance for Other Receivable	0.00	0.00	-	0.00	-	11111	
11120 Interest Receivable	360.00	0.00	360.00	229.00	131.00	11120	
11130 Other Receivable	400.00	1,911.00	(1,511.00)	5,851.00	(5,451.00)	11130	
11140 Accounts Receivable-GMA	0.00	3,600.00	(3,600.00)	0.00	-	11140	
11150 Accounts Receivable-MV	0.00	0.00	-	0.00	-	11150	
11160 Accounts Receivable - Moon	0.00	0.00	-	0.00	-	11160	
11170 Accounts Receivable - FADP	93,688.00	93,688.00	-	95,000.00	(1,312.00)	11170	
11999 Suspense	0.00	0.00	-	0.00	-	11999	
12100 Prepaid Insurance	26,254.00	35,905.00	(9,651.00)	20,405.00	5,649.00	12100	
12110 Supplies Inventory	6,709.00	9,509.00	(2,800.00)	4,696.00	2,013.00	12110	
12120 Prepaid Marketing	3,820.00	13,505.00	(9,685.00)	2,518.00	1,302.00	12120	
12121 Prepaid Rent	6,909.00	6,909.00	-	6,909.00	-	12121	
12130 Prepaid DOC Expense	8,678.00	2,644.00	6,034.00	12,762.00	(4,084.00)	12130	
12140 Prepaid Expenses	13,476.00	11,951.00	1,525.00	12,186.00	1,290.00	12140	
12150 Prepaid Capitation	129,977.00	140,665.00	(10,688.00)	162,892.00	(32,915.00)	12150	
12160 Prepaid Commissions	0.00	0.00	-	0.00	-	12160	
12170 Prepaid Admin Fees	14,547.00	15,344.00	(797.00)	17,576.00	(3,029.00)	12170	
12180 Prepaid Audit	0.00	3,255.00	(3,255.00)	0.00	-	12180	
14100 Fixed Assets	64,300.00	51,680.00	12,620.00	43,436.00	20,864.00	14100	
14200 Leasehold Improvements	665.00	665.00	-	665.00	-	14200	
14900 Accumulated Depreciation	-34,178.00	-30,906.00	(3,272.00)	-22,761.00	(11,417.00)	14900	
17100 Restricted Assets	50,000.00	50,000.00	-	50,000.00	-	17100	
17200 Leasehold Deposits	0.00	0.00	-	0.00	-	17200	
17300 Organization Costs	225,000.00	225,000.00	-	225,000.00	-	17300	
17310 Accumulated Amortization	-79,688.00	-79,688.00	-	-79,688.00	-	17310	
21100 Accounts Payable	-37,527.00	-28,459.00	(9,068.00)	-16,174.00	(21,353.00)	21100	
21110 Accrued Capitation	-19,725.00	-17,856.00	(1,869.00)	-8,847.00	(10,878.00)	21110	
21120 Accrued Commission	-5,917.00	-5,357.00	(560.00)	-2,654.00	(3,263.00)	21120	
21130 Premium Payable	0.00	0.00	-	0.00	-	21130	
21140 Accrued Interest	0.00	0.00	-	0.00	-	21140	
21150 Accrued IBNR	-5,283.00	-5,283.00	-	-5,283.00	-	21150	
21200 Claims Payable	-8,871.00	-16,631.00	7,760.00	-1,723.00	(7,148.00)	21200	
21210 Accrued Expenses	-9,134.00	0.00	(9,134.00)	0.00	(9,134.00)	21210	
21300 Accrued Payroll	-16,650.00	-27,394.00	10,744.00	-13,615.00	(3,035.00)	21300	
21310 Accrued Payroll Taxes	-2,052.00	-2,013.00	(39.00)	0.00	(2,052.00)	21310	
21320 IRA Liab	-1,012.00	-1,277.00	265.00	-1,224.00	212.00	21320	
21330 Deferred Rent	-4,774.00	-5,234.00	460.00	-5,825.00	1,051.00	21330	
21400 Deferred Monthly Premiums	-74,102.00	-88,023.00	13,921.00	-68,882.00	(5,420.00)	21400	
21500 Unearned Annual Premiums	-346,759.00	-347,817.00	1,058.00	-356,610.00	9,851.00	21500	
21900 Short - Term Note Payable	-2,285.00	-13,475.00	11,190.00	-2,901.00	616.00	21900	
22100 Long Term Debt	-307,000.00	-307,000.00	-	-307,000.00	-	22100	
22150 Other Payables - PDN	0.00	0.00	-	0.00	-	22150	
31000 Common Stock	-8,500.00	-8,500.00	-	-8,500.00	-	31000	
32000 Paid - In Capital	-606,500.00	-606,500.00	-	-606,500.00	-	32000	
33000 Retained Earnings	709,021.00	704,562.00	4,459.00	689,478.00	19,543.00	33000	
41100 Premium Revenue	#####	#####	(689,557.00)	#####		41100	
41140 Enrollment & Billing Fees	-389.00	0.00	(389.00)	-	(389.00)	41140	
41150 Admin Fee Revenue	-100,920.00	-78,059.00	(22,861.00)	-	(100,920.00)	41150	
41200 Other Income	0.00	0.00	-	-	-	41200	
41300 Interest Income	-8,032.00	-6,241.00	(1,791.00)	-	(8,032.00)	41300	
51010 Capitation	#####	#####	814,940.00	#####		51010	
51050 Referral - Endo	58,050.00	42,171.00	15,879.00	58,050.00	-	51050	
51051 Referral - Perio	11,861.00	9,646.00	2,215.00	11,861.00	-	51051	
51052 Referral - Oral Surgery	30,540.00	23,379.00	7,161.00	30,540.00	-	51052	
51053 Referral - Pado	1,249.00	1,068.00	181.00	1,249.00	-	51053	
51054 Referral - Ortho	0.00	0.00	-	-	-	51054	
51055 Referral - Provider Disputes	0.00	0.00	-	-	-	51055	
51070 Out Of Area Emergency	248.00	148.00	100.00	-	248.00	51070	
51100 Lab Reimbursements	16,374.00	14,232.00	2,142.00	-	16,374.00	51100	
51190 Peer Review - Q/A Costs	14,582.00	13,216.00	1,366.00	-	14,582.00	51190	
60100 Commissions	392,900.00	291,596.00	101,304.00	-	392,900.00	60100	
60110 Printing/Copying	19,761.00	15,387.00	4,374.00	-	19,761.00	60110	
60120 Postage	33,883.00	24,551.00	9,332.00	-	33,883.00	60120	
60130 Promotions	29,521.00	19,093.00	10,428.00	-	29,521.00	60130	
60140 Travel	8,719.00	5,848.00	2,871.00	-	8,719.00	60140	
60150 Entertainment	0.00	0.00	-	-	-	60150	
60155 Continuing Educ/Training	3,233.00	3,233.00	-	-	3,233.00	60155	
60160 Meals	3,525.00	2,078.00	1,447.00	-	3,525.00	60160	
61000 Other Marketing	5,950.00	5,506.00	444.00	-	5,950.00	61000	
61010 Printing	27,190.00	18,974.00	8,216.00	-	27,190.00	61010	
61100 Bank Charges	14,837.00	10,948.00	3,889.00	-	14,837.00	61100	
61200 Capitation Expense (not used)	0.00	0.00	-	-	-	61200	
61300 Commission Expense (not used)	0.00	0.00	-	-	-	61300	
61350 Admin Fee	40,595.00	30,122.00	10,473.00	-	40,595.00	61350	
61400 Common Area Maintenance	0.00	0.00	-	-	-	61400	
61500 Computer Expense	3,881.00	2,906.00	975.00	-	3,881.00	61500	
61600 Depreciation Expense	11,416.00	8,145.00	3,271.00	-	11,416.00	61600	
61650 Amortization Expense	0.00	0.00	-	-	-	61650	
61700 DMHC Expense	24,762.00	18,762.00	6,000.00	-	24,762.00	61700	
61800 Dues & Subscriptions	1,198.00	1,198.00	-	-	1,198.00	61800	
61900 Electricity	0.00	0.00	-	-	-	61900	
62000 Equipment Rental	825.00	685.00	140.00	-	825.00	62000	
62100 Rent	44,526.00	33,511.00	11,015.00	-	44,526.00	62100	
62200 Insurance - Worker's Comp	5,401.00	2,503.00	2,898.00	-	5,401.00	62200	
62300 Insurance - Group	50,115.00	37,029.00	13,086.00	-	50,115.00	62300	
62400 Insurance - Prof Liab	42,897.00	30,991.00	11,906.00	-	42,897.00	62400	
62500 Interest	16,336.00	12,274.00	4,062.00	-	16,336.00	62500	
62600 Laboratory Exp (not used)	0.00	0.00	-	-	-	62600	
62700 Legal & Accounting	31,725.00	21,012.00	10,713.00	-	31,725.00	62700	
62800 Misc Expense	4,133.00	3,425.00	708.00	-	4,133.00	62800	
62900 Office Expense	22,539.00	14,776.00	7,763.00	-	22,539.00	62900	
63000 Consulting Fees	15,576.00	15,176.00	400.00	-	15,576.00	63000	
63100 Contributions	100.00	100.00	-	-	100.00	63100	
67000 Payroll	543,590.00	400,400.00	143,190.00	-	543,590.00	67000	
67100 Payroll Taxes	47,478.00	36,011.00	11,467.00	-	47,478.00	67100	
67200 SIMBRA	10,079.00	7,593.00	2,486.00	-	10,079.00	67200	
67500 Printing (not used)	0.00	0.00	-	-	-	67500	
68000 Postage	5,386.00	3,745.00	1,641.00	-	5,386.00	68000	
68100 Telephone	15,461.00	11,244.00	4,217.00	-	15,461.00	68100	
68200 Travel	10,028.00	6,645.00	3,383.00	-	10,028.00	68200	
68300 Meals	5,162.00	3,902.00	1,260.00	-	5,162.00	68300	
68400 Entertainment	0.00	0.00	-	-	-	68400	
68600 Utilities	0.00	0.00	-	-	-	68600	
68700 Misc. Taxes & Licenses	3,632.00	2,725.00	907.00	-	3,632.00	68700	
68800 Continuing Education	0.00	0.00	-	-	-	68800	
68900 Bad Debt Expense	3,357.00	3,357.00	-	-	3,357.00	68900	
7000 Non Tax Deductable	0.00	0.00	-	-	-	7000	
81100 Federal Income Taxes	0.00	0.00	-	-	-	81100	
81200 State Income Taxes	0.00	0.00	-	-	-	81200	

20,340.00 15,880.00 4,460.00 -

497  
19,843.00

## STATEMENT AS OF 12-31-2003 OF 933-0286 California Dental Network, Inc.

Account ID	Account Description	Current Bal
10100	Mellon MM -	12,598.24
10200	Checking - D	120,193.02
10210	Checking - U	0.00
10220	Checking - F	0.00
10230	Checking We	-5,121.35
10300	Mellon MM -	975.88
11100	Premium Rec	91,067.16
11110	Allowance fo	-3,560.00
11111	Allowance fo	0.00
11120	Interest Recei	359.71
11130	Other Receiv	400.00
11140	Other A/R - C	0.00
11150	Accounts Res	0.00
11160	Accounts Res	0.00
11170	Accounts Res	93,687.77
11999	Suspense	0.00
12100	Prepaid Insur	26,253.58
12110	Supplies Inve	6,708.98
12120	Prepaid Mark	3,819.76
12121	Prepaid Rent	6,909.14
12130	Prepaid DOC	8,678.00
12140	Prepaid Expe	13,476.31
12150	Prepaid Capit	129,977.05
12160	Prepaid Com	0.00
12170	Prepaid Adm	14,546.74
12180	Prepaid Audi	0.00
14100	Fixed Assets	64,299.65
14200	Leasehold Im	665.00
14900	Accumulated	-34,177.54
17100	Restricted As	50,000.00
17200	Leasehold De	0.00
17300	Organization	225,000.34
17310	Accumulated	-79,688.16
21100	Accounts Pay	-37,526.52
21110	Accrued Capit	-19,724.91
21120	Accrued Cor	-5,917.47
21130	Premium Pay	0.00
21140	Accrued Inter	0.00
21150	Accrued BIN	-5,283.00
21200	Claims Payab	-8,871.24
21210	Accrued Exps	-9,134.43
21300	Accrued Payr	-16,649.82
21310	Accrued Payr	-2,052.38
21320	IRA Liab	-1,012.01
21330	Deferred Rent	-4,773.67
21400	Deferred Mo	-74,102.37
21500	Unearned An	-346,758.64
21900	Short - Term	-2,284.73
22100	Long Term D	-307,000.00
22150	Other Payabl	0.00
31000	Common Sto	-8,500.00
32000	Paid - In Cap	-606,500.00
33000	Retained Ean	688,679.15
41100	Group Premia	*****
41140	Enrollment &	-389.00
41150	Admin Fee R	-100,920.00
41200	Other Income	0.00
41300	Interest Inco	-8,031.83
51010	Capitation	*****
51050	Referral - Em	58,049.60
51051	Referral - Per	11,860.89
51052	Referral - Ot	30,540.20
51053	Referral - Per	1,249.30
51054	Referral - Ot	0.00
51055	Non Contract	0.00
51070	Out Of Area	248.00
51100	Lab Reimbur	16,374.12
51190	Peer Review	14,582.12
60100	Commissions	392,900.38
60110	Printing/Corp	19,761.31
60120	Postage	33,883.05
60130	Promotions	29,520.60
60140	Travel	8,718.74
60150	Entertainmen	0.00
60155	Continuing E	3,232.50
60160	Meals	3,524.99
61000	Other Market	5,950.42
61010	Printing	27,190.36
61100	Bank Charge	14,837.12
61200	Capitation Id	0.00
61300	Commission	0.00
61350	Admin Fee	40,595.46
61400	Common Adv	0.00
61500	Computer Ex	3,881.23
61600	Depreciation	11,416.33
61650	Amortization	0.00
61700	DMHC Expe	24,761.77
61800	Dues & Subs	1,198.00
61900	Electricity	0.00
62000	Equipment R	825.33
62100	Rent	44,526.24
62200	Insurance - W	5,401.00
62300	Insurance - H	50,114.51
62400	Insurance - P	42,897.48
62500	Interest	16,336.16
62600	Laboratory E	0.00
62700	Legal & Acct	31,724.50
62800	Misc Expens	4,133.08
62900	Office Expens	22,538.96
63000	Consulting F	15,576.00
63100	Contribution	100.00
67000	Payroll	543,590.47
67100	Payroll Taxes	47,478.30
67200	SIMIRA	10,078.90
67500	Printing (not	0.00
68000	Postage	5,385.73
68100	Telephone	15,461.30
68200	Travel	10,028.12
68300	Meals	5,162.12
68400	Entertainmen	0.00
68600	Utilities	0.00
68700	Misc. Taxes i	3,631.96
68800	Continuing E	0.00
68900	Bad Debt Exp	3,357.01
7000	Non Tax Ded	0.00
81100	Federal Inco	0.00
81200	State Income	0.00
Total:		0.00

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